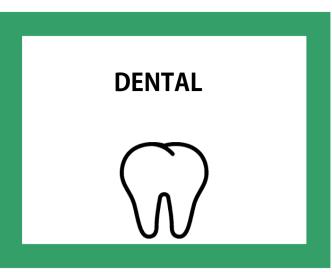
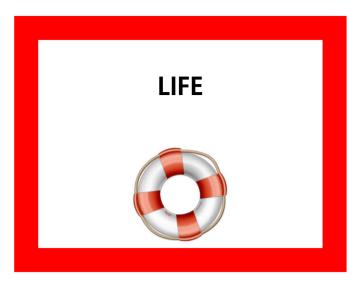
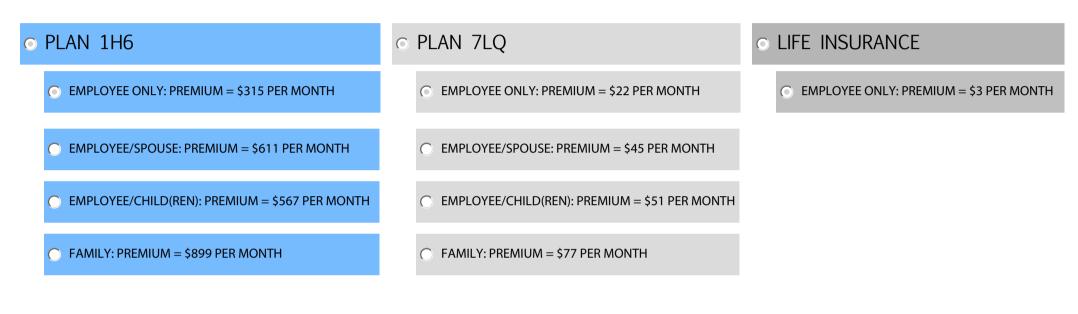
INSURANCE ELECTION FORM









- PLAN 1D7
 EMPLOYEE ONLY: PREMIUM = \$316 PER MONTH
 EMPLOYEE/SPOUSE: PREMIUM = \$613 PER MONTH
 EMPLOYEE/CHILD(REN): PREMIUM = \$569 PER MONTH
 FAMILY: PREMIUM = \$903 PER MONTH
- PLAN 1G7
 EMPLOYEE ONLY: PREMIUM = \$316 PER MONTH
 EMPLOYEE/SPOUSE: PREMIUM = \$574 PER MONTH
 EMPLOYEE/CHILD(REN): PREMIUM = \$533 PER MONTH
 FAMILY: PREMIUM = \$844 PER MONTH

TOTAL MONTHLY PREMIUM PREMIUM PER PAYCHECK

\$0.00 \$0.00